

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**40106**

State File No. ....

**FILED JAN 4 - 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5413 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) b. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY OR TOWN <u>Squires Woods</u>		c. CITY OR TOWN <u>Squires</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

0340

3. NAME OF DECEASED (Type or Print) a. (First) <u>George A.</u> b. (Middle) <u>Henry</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov</u> <u>29</u> <u>1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 26, 1981</u>		9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) _____	
13a. FATHER'S NAME <u>G. H. Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Fairlee Marx</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie D. Henry</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Viles, Springfield Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Second Cerebral Hemorrhage 2 days</u> DUE TO (c) <u>Heart Failure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 22, 1955, to Nov 29, 1955, that I last saw the deceased alive on Nov 29, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>W. A. Moore, Mo.</u>	23c. DATE SIGNED <u>12-16-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>
24d. LOCATION (City, town, or county) (State) <u>Wasola, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>12-28-55</u>	REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clunkinghard Funeral Home, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*Charles R. Fisk*.....

Licensed Embalmer No. *460*.....

P. O. Address *Avon, N.H.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.